

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 806136	RECEIPT DATE:	03 / 26 / 01
IA NUMBER:	PCT/ JP00 / 05055	IA FILING DATE:	07 / 28 / 00
FAMILY NAME:	NAKANISHI	DELAY WAIVED (Y/N):	Y
GIVEN NAME:	KENICHI	DEMAND RECEIVED (Y/N):	N
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	07 / 28 / 99
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	450106-02621	COUNTRY:	
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	000000	TELEPHONE 0000000000
			FAX

NAME: WILLIAM S FROMMER

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STATE/COUNTRY: NY ZIP: 10151

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APPLICATION TITLES:

RECORDING SYSTEM DATA RECORDING APPARATUS MEMORY APPARATUS AND DATA RE
CORDING METHOD

TAB TO LAST POSITION,PUSH SEND



UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
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Bib Data Sheet

CONFIRMATION NO. 5076

SERIAL NUMBER 09/806,136	FILING DATE 03/26/2001 RULE	CLASS 369 711	GROUP ART UNIT 2652 2186	ATTORNEY DOCKET NO. 450106-02621
APPLICANTS Kenichi Nakanishi, Tokyo, JAPAN; Shigeo Araki, Tokyo, JAPAN; ** CONTINUING DATA ***** THIS APPLICATION IS A 371 OF PCT/JP00/05055 07/28/2000 <i>VER YER</i> ** FOREIGN APPLICATIONS ***** JAPAN 11-214089 07/28/1999 <i>VER YER</i>				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>YER</i> Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		STATE OR COUNTRY JAPAN	SHEETS DRAWING 15	TOTAL CLAIMS 6
INDEPENDENT CLAIMS 4				
ADDRESS William S Frommer Frommer Lawrence & Haug 745 Fifth Avenue New York, NY 10151				
TITLE Recording system, data recording device, memory device, and data recording method				
FILING FEE RECEIVED 940	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	